

VILLAGE OF GREAT NECK ESTATES

INSTRUCTIONS FOR FILING A BURNER/ FURNACE/ HOT WATER HEATER OIL TO GAS CONVERSION PERMIT

- **Complete the attached Application**
- **Provide a copy of Contractor's License, Liability, Worker's Compensation & Disability Insurance Certificates, Additionally Insured Endorsement Form *(see instructions attached)***
- **Plumbers & Electricians need to have a Great Neck Estates License (\$50/year) and must also provide a copy of their License, Liability, Disability, & Worker's Compensation Insurance*(see instructions attached)***
- **Provide a copy of the Catalog sheet(s) with burner/furnace/hot water heater specifications**
- **Attach Diagram of any electrical and/or plumbing required for the installation**
- **Provide Fresh Air Intake**
- **Verify that Burner is installed 3 feet 0" from any combustible material**
- **Install 5/8" Fire-rated GWB on any walls or ceiling closer than 3 feet 0"**
- **Call for a gas pressure test and final inspection**
- **Provide proof of completion of the following:**
 - Nassau County Dept. of Health Tank Abandonment Notification Form (see sample attached)**
 - Nassau County Dept. of Health Tank Removal Notification Form (see sample attached)**
 - Nassau County Dept. of Health Affirmation of Non-Leaking Tank (see sample attached)**

Fee: _____

Receipt: _____

Date: _____

VILLAGE OF GREAT NECK ESTATES
APPLICATION FOR A BURNER/ FURNACE/ HOT WATER HEATER/or
OIL TO GAS CONVERSION PERMIT

Must Provide Fresh Air Intake in Compliance w/Chapter 24 of NYS Code
Verify that Burner is installed 3 feet 0" from any combustible material
Install 5/8" Fire-rated GWB on any walls or ceiling closer than 3 feet 0"

Location of Job _____ Section 2 Block _____ Lot(s) _____

Owner's Name(s) _____

Owners Home Phone # _____ Cell # _____ Email _____

DESCRIPTION OF JOB _____

Estimated Cost of Work \$ _____

Oil to Gas Conversion _____ Location of Tank _____

Provide a Nassau County Dept. Of Health Homeowner Tank Abandonment Paid Form Filed on: _____ (Date)

Provide a Nassau County Dept. Of Health Tank Removal Paid Form Filed on: _____ (Date)

Name of Burner/Furnace/Hot Water Heater _____

Model Number _____ Underwriter's number _____

File Number _____ Motor _____

Pump _____ Controls _____

Contractor's Name _____

Contractor's Address _____

Contractor's Cell # _____ Office # _____ Email _____

Plumber's Name _____

Plumber's Address _____

Plumber's Cell # _____ Office # _____ Email _____

Electrician's Name _____

Electrician's Address _____

Electrician's Cell # _____ Office # _____ Email _____

NY State Law requires that Certificates of General Liability Insurance, Disability Insurance and Workers' Compensation Insurance be filed with this application for ALL contractors and subcontractors performing work pursuant to this application. See minimum insurance requirements. The Village of Great Neck Estates, its officers, agents and employees must be named as Additional Insured and Certificates must identify the job location. Hold Harmless agreement must be completed by the Owner.

AFFIDAVIT OF PROPERTY OWNER/AUTHORIZATION

All Owners must sign either as owner or applicant

State of New York)

ss:

County of Nassau)

(I)(We), _____ being duly sworn, state:
Print Name(s)

Complete Items #1, 2 or 3 as applicable, then Item #4

- (1) (I am) (We are) the owner(s) of the property described in this application known as _____, and described on the Nassau County Land and Tax Map as Section _____, Block _____, Lot(s) _____.
- (2) If the applicant is a corporation, the deponent is an officer thereof, to wit the _____, and is authorized by the Board of Directors of the corporation to execute this application on behalf of the corporation.
- (3) If the applicant is a partnership, the deponent, _____ is a general partner thereof, and has authority to execute this application in the name of the partnership.
- (4) (I) (We) hereby authorize _____ to submit this application. (applicant's name)

Signature of Owner

Signature of Owner

Sworn to before me this _____ day
of _____ 20____.

Notary Public

Signature of Applicant

Sworn to before me this _____ day
of _____ 20____.

Notary Public

**FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS 'A' MISDEMEANOR
PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK**

Machinery Operation Compliance Agreement

Section one. Paragraph A of Section 154-2 of the Code of the Village of Great Neck Estates is hereby amended, to read as follows:

- A. No person shall permit or cause the operation of any machinery, including lawn mowers, drills, power saws or other equipment,
(a) between the hours of 7:00pm on any day and 8:00am on the following day,
(b) on Saturdays, for more than an aggregate of thirty (30) minutes at any one property,
(c) or at any time on Sundays or holidays,
if such operation causes the emission of noise audible beyond the boundary of the property on which the machinery or equipment is located.

I, the undersigned, have read, understand and will comply with the aforementioned section of the Village Code.

Print Name /Title

Signature

Date

VILLAGE OF GREAT NECK ESTATES

4 Gateway Drive, Great Neck, NY 11021 516-482-8283 Fax: 516-482-5572

INSURANCE & LICENSE REQUIREMENTS

GENERAL CONTRACTORS:

- **General Liability Certificate** (Acord Form)

- ✓ "The Incorporated Village of Great Neck Estates, and its Officers, Agents and Employees 4 Gateway Drive Great Neck, NY 11021" **MUST** be listed as the Certificate Holder & listed as Additionally Insured on the certificate
- ✓ Address of Job **MUST** also be listed on certificate

- **Additional Insured Endorsement Form** (ISO Form CG 20 12)

MUST be indicated on the form: "The Incorporated Village of Great Neck Estates, and its Officers, Agents and Employees 4 Gateway Drive Great Neck, NY 11021"

- **Disability Insurance** (DB120 form)
- **Workers' Compensation** (C105.2 form)
- **Nassau County Home Improvement License**
**Note: For Workers' Comp & Disability Exemption use form CE-200*

PLUMBER:

- Village of Great Neck Estates Plumber's License - \$50/year

Submit copy of current Master Plumber's License & Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICIAN:

- Village of Great Neck Estates Electrician's License - \$50/year

Submit copy of current Master License & Liability, Disability & Workers' Comp Insurances as indicated above

ELECTRICAL INSPECTION SERVICES

Certified Electrical Inspections Inc.
188 Park Ave
Amityville, NY 11701
(888)-238-1338 (631)-598-5610

Electrical Inspectors Inc.
308 East Meadow Ave
East Meadow, NY 11554
(516)794-0400

Suffolk Bureau of Electrical Inspectors Inc.
40 Nottingham Drive
Middle Island, NY 11953
(631)495-8136 3/10/14

Electrical Inspection Service Inc.
375 Dunton Avenue
East Patchogue, NY 11772
(631)286-6642 6/13/11

Alliance Electrical Inspections Ltd
707 Hyman Avenue
West Islip, NY 11795
(516)248-0820 (631)539-6055 6/13/11

Long Island Electrical Inspectors, Inc.
21 Third Avenue
Bayshore, NY 11706
(631)708-6690 7/8/13

NYS Electrical Inspections, Inc.
278 Indian Head Road
Kings Point, NY 11754
(631)466-4235 (631)292-2710 7/13/20

***The above electrical inspection companies are the ONLY electrical inspectors authorized by the Village of Great Neck Estates Board of Trustees.**

HOLD HARMLESS AGREEMENT

To the fullest extent permitted by law, _____, shall indemnify, defend and hold harmless the **Incorporated Village of Great Neck Estates**, its elected and appointed officials, agents, employees and volunteers from and against all claims, damages, losses and expenses, including, but not limited to, reasonable attorneys' fees, arising out of or resulting from the performance of activities of _____, or of its officers, agents, employees and/or sub-contractors, provided that such claim, damage, loss or expenses is attributable to bodily injury, sickness, disease or death or to injury to or destruction of tangible property (other than the work itself), including the loss of use resulting there from, regardless whether or not it is caused in part by a party indemnified thereunder. Such obligation shall not be construed to negate, abridge, or otherwise reduce any other right or obligation of indemnity which would otherwise exist in favor of any party or person, described in these paragraphs.

In any and all claims against the **Incorporated Village of Great Neck Estates**, its elected and appointed officials, agents, employees or volunteers by any employee of the contractor or subcontractor, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, the indemnification obligation under the above paragraph shall not be limited in any way by any limitation on the amount of type of damages, compensation or benefits payable by or for the contractor or their sub-contractor under Workers Compensation acts, disability acts, or other employee benefit acts.

In witness whereof, the undersigned has executed this agreement this _____ day of _____, 20_____.

Signature

Print Name & Title

Signature

Print Name & Title

STATE OF NEW YORK

COUNTY OF _____: SS

On the __ day of _____, 20__, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity(ies), and that by his/her signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument/

Notary Public



**BUILDING PERMIT
RESIDENTIAL PROPERTY
DEPARTMENT OF ASSESSMENT
NASSAU COUNTY**

240 Old Country Road, Mineola, NY 11501

TOWN - CITY - VILLAGE OF: _____

NBHD# (ASSESSOR USE ONLY)

DATE REC'D (ASSESSOR USE ONLY)

SECTION	BLOCK	LOT (S)	SCH DIST #	PERMIT #	SPECIFIC ZONING DESIGNATION

Location of Building: N.E.S.W. SIDE OF (OR CORNER OF) _____ N.E.S.W. SIDE OF _____

ADDRESS OF PROPERTY: _____

CITY, TOWN, VILLAGE: _____ ZIP: _____

ESTIMATED COST OF CONSTRUCTION: _____

WORK MUST BEGIN BY: _____

PERMIT EXP DATE: _____

LOT SIZE S.F.: _____

BLDGS ON LOT: _____

Check one

OWNER OR LESSEE

NAME OF BUSINESS: _____

CONTACT PERSON/OWNER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

PRINCIPLE TYPE OF CONSTRUCTION

STEEL

MASONRY

FRAME

IF YOU WISH TO GROUP OR APPORTION LOTS
PLEASE CALL 516-571-1500 FOR FURTHER INFORMATION

DETAILED DESCRIPTION OF WORK (PLEASE PRINT CLEARLY)

*INCLUDING, BUT NOT LIMITED TO: LOCATION, TYPE AND DIMENSIONS OF IMPROVEMENT

PERMIT TYPE - CHECK ALL ITEMS THAT APPLY

<input type="checkbox"/> NEW BUILDING	<input type="checkbox"/> FIRE DAMAGE
<input type="checkbox"/> ADDITION (CHANGE IN S.F.)	<input type="checkbox"/> GARAGE/ OUT BUILDING
<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> HVAC
<input type="checkbox"/> ALTERATION (NO CHANGE IN S.F.)	<input type="checkbox"/> PLUMBING
<input type="checkbox"/> MAINTAIN (PRE-EXISTING)	<input type="checkbox"/> RELOCATION
<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> REPLACEMENT
<input type="checkbox"/> DECK, TERRACE, PORCH, CARPORT	<input type="checkbox"/> SWIMMING POOL
<input type="checkbox"/> DORMERS	<input type="checkbox"/> TENNIS COURT
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> CHANGE IN USE

DOES RESIDENCE HAVE THE FOLLOWING

CENTRAL AIR YES NO

FINISHED ATTIC YES NO

BASEMENT FINISH

1/4 1/2 3/4 FULL

PROPOSED TOTAL PLUMBING FIXTURES

FLOOR/FIXTURE	BASEMENT	1ST FLOOR	2ND FLOOR	3RD FLOOR
BATHROOM SINK				
TOILET				
BATHTUB				
STALL SHOWER				
BIDET				
KITCHEN SINK				
WET BAR				

NUMBER OF EXISTING AND PROPOSED BATHS

NUMBER OF EXISTING FULL BATHS		NUMBER OF PROPOSED FULL BATHS	
NUMBER OF EXISTING HALF BATHS		NUMBER OF PROPOSED HALF BATHS	

HALF BATH EQUALS TWO FIXTURES, FULL BATH EQUALS THREE OR MORE FIXTURES

NEW C/O NEEDED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
VARIANCE OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>
CONSTRUCTION/RENOVATION IN EXCESS OF 50%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
SURVEY ENCLOSED	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE ATTACH ALL PERMITS & SURVEY IF AVAILABLE

DATE OF GRANTING OF PERMIT: _____

SEPARATE APPLICATION SHALL BE MADE FOR EACH BUILDING

FIELD REPORT ON REVERSE

Signature of Applicant/Contact Person - Sign & Print _____

Address of Applicant/Contact Person _____ Telephone _____

TOWN
SCHOOL DISTRICT
SECTION
BLOCK
LOTS)
CA # OR BLDG #
UNIT #
DATE

Nassau County Department of Health
 Small Facility/Homeowner Tank Abandonment
 Notification Form

Date of Job ____/____/____

****All notifications must be received by
 NCDH 7 days prior to the date of the job
 accompanied by a fee of \$ 1.00 per tank.**

SAMPLE

Contractor _____

Phone # _____

Name of Property Owner _____

Address _____

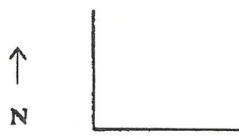
Village _____ Telephone _____

Existing Tank Information:

Tank Size: _____ 275 _____ 550 _____ 1,000

Fill Material: _____ Sand _____ Concrete _____ Approved Foam

Tank Location Diagram:



A
T
T
A
C
H

C
H
E
C
K

H
E
R
E

New Installation:

<u>Tank Size</u>	<u>Location</u>
_____ 275	_____ Above ground on pad/containment
_____ 550	_____ Below ground
_____ 1,000	_____ Indoors
	_____ Conversion to gas

****All removals/abandonments, installations etc. must be done in accordance with Article XI of the Nassau County Public Health Ordinance. This form is to be used only when the individual storage tank capacity is 1100 gallons or less.**

PLEASE RETURN VIA U.S. MAIL to Bureau of Environmental Protection, Nassau County Department of Health, 106 Charles Lindbergh Boulevard, Attention: Article XI, Uniondale, N.Y. 11553.

THOMAS R. SUOZZI
COUNTY EXECUTIVE



MARIA TORROELLA CARNEY, M.D.
COMMISSIONER

NASSAU COUNTY
DEPARTMENT OF HEALTH
106 CHARLES LINDBERGH BOULEVARD
UNIONDALE, NY 11553
516 227-9891
FAX: 616 227-9613

SAMPLE

BUREAU OF ENVIRONMENTAL PROTECTION
AFFIRMATION OF NON-LEAKING TANK

Re: _____

(Address)

I (we), _____ swear and affirm that I(we) own the above referenced property and that to the best of my(our) knowledge the underground tank and its associated piping used for storing oil solely for on-site space heating and/or water heating, located on this property, is not now leaking and has never leaked. This form may not be used where there is any re-occurring accumulation of water in the tank.

(Signature of Property Owner(s))

Affirmation must be received by NCDH seven (7) days prior to the date of the job.

Sworn to before me this

_____ day of _____, _____
date month year

THIS FORM MUST BE SIGNED AND NOTARIZED BEFORE RETURNING VIA U.S. MAIL to the Nassau County Department of Health, Bureau of Environmental Protection, 106 Charles Lindbergh Boulevard, Att: Article XI, Uniondale, NY 11553

